Exhibit 1. Classification of State Mandated Benefits Under the ACA's Ten Categories of Care

#	Chapter 700c, Section	Mandate	Ambulatory Patient Services	Emergency Services	Hospitalization	Maternity & Newborn Coverage	Mental Health & Sub. Abuse Disorder Services	Prescription Drugs	Rehabilitative & Habilitative Services & Devices	Laboratory services	Preventive and Wellness services & chronic disease management	Pediatric Services, including oral/vision care
1	38a-476	Pre-Existing Condition Waiver	*carrier mandate*									
2	38a-477b	Post claims underwriting prohibited unless approval granted.	*carrier mandate*									
3	38a-513c	Contract must contain definition Medical Necessity	*carrier mandate*									
4	38a-513d	Regulating Limited Benefit Medical Plans	*carrier mandate*									
5	38a-513b	Experimental Treatments	√		√			√		√	√	
6	38a-514	Mental Health Coverage Mental Health Parity					√	√				
7	38a-514b	Coverage for Autism Spectrum Disorder (ASD)					√	√	√			
8	38a-515	Continuation for Mentally or Physically Handicapped Children.					√		√			
9	38a–516	Newborn Infants	√	√	√	√		√		√	√	√
10	38a-516a	Birth to 3 Program (Early Intervention Services)									√	√
11	38a–516b	Hearing Aids for Children 12 and Younger							√			√
12	38a–516c	Craniofacial Disorders	√		√	√						Y
13	38a-516d	Coverage for neuropsychological testing for children diagnosed w/ cancer.	√				√		√	√		Y
14	38a–517a	Coverage for in-patient, outpatient or 1-day dental services in certain instances.	√	√								
15	38a-518	Accidental Ingestion of a Controlled Drug		√								
16	38a–518a	Coverage for Hypodermic Needles & Syringes						√				

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17	38a–518b	Coverage for off-label drug prescriptions.						√				
18	38a–538a	Coverage for Prescription Foods/Formula.						√	√		√	√
19	38a-518d	Coverage for diabetes testing & treatment	√					√	√	√	√	
20	38a-518e	Coverage for Diabetes Self-Management Training						√	√		√	
21	38a-518g	Screening for Prostate Cancer	√							√		
22	38a-518h	Lyme Disease Treatment	√	√	√			√	√	√	√	
23	38a-518i	Pain Management						√	√		√	
24	38a-518j	Ostomy Appliances & Supplies							√			
25	38a-518k	Colorectal Cancer Screening								√	√	
26	38a-518m	Wound care for individuals with epidermolysis bullosa.									√	
27	38a-520	Home Health Care							√			
28	38a-554.	Extends definition of dependent for children to age 26.	*carrier mandate*									
29	38a-525	Ambulance Service		√								
30	38a-525b	Mobile field hospitals		√								
31	38a-525c	Health Care Services to Residents with Elevated Blood Alcohol Levels	*provider/carrier mandate*									
32	38a-530	Coverage for mammography and breast ultrasound.	√							√		
33	38a-530c	Maternity Care & Postpartum Care				√						√
34	38a-530d	Mastectomy or Lymph Node Dissection (48 hours)								√		
35	38a-530e	Prescription Birth Control						√				

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36	38a-534	Mandatory coverage for chiropractic services	√						√			
37	38a-535; 38a-535b	Preventive Pediatric Care and Blood Lead Screening								√	√	√
38	38a-536	Mandatory coverage for infertility diagnosis & treatment. Limitations.	√					√		√		
39	38a-541	Policy to allow Spouse Coverage as Both Dependent and Employee.	*carrier mandate*									
40	38a-542	Tumors & Leukemia/Breast Implant Removal & Reconstruction, Oral Chemo-	√		√			√		√	√	
41-43	38a-542a-g	Cancer Clinical trials	√		√			√		√		
44	38a-542d	Cancer clinical trials: Routine patient care costs.	√		√			√		√		
45	38a-543	Age Discrimination - Small Group less than 20 Employees	*carrier mandate*									
46	38a-546	Continuation of Coverage	*carrier mandate*									
47	38a-549	Coverage for Prospective Adoptive Children.	*carrier mandate*									
48	38a-544	Prescription Drug Mail order prohibition						√				
49	38a-550	Access to Imaging Services Carrier/Copayment Limits on MRI /CT Scans								√		

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Description of Mandates (Reference to # in Table):

1 – Pre- Existing Condition – not applicable after 1/1/2014

2. - Carrier Rule - Carrier not permitted to rescind / cancel because of information included or omitted from the individual's enrollment application if failed to complete a medical underwriting review prior to contact issuance. Carrier must can apply & receive authorization from the Ins Commissioner to rescind. Carrier not permitted to rescind/cancel contract more than 2 yrs after its effective date.

3 – Carrier Rule - Disclosure requirement in order to obtain CID approval of contract. Applies to EHB as all services must be MN or will be denied.

4 - Carrier Rule - Disclosure requirement - Carriers prohibited from issuing policy w/ limited coverage as a replacement for a comprehensive health insurance plan.

5. - Can't deny a procedure, treatment, or RX as experimental if such has completed a Pha se III clinical trial. Any person diagnosed w/ a condition that creates a life expectancy of less than 2 yrs & who has been denied an on the grounds that it is experimental may request an expedited appeal. Rule applies to EHB.

6- Coverage afforded to the same extent as medical or surgical services. Residential Treatment. Does not include (1) mental retardation, (2) learning disorders, (3) motor skills disorders, (4) communication disorders, (5) caffeine-related disorders, (6) relational problems, and (7) additional conditions that may be a focus of clinical attention, that are not otherwise defined most recent edition of the American Psychiatric Association's "Diagnostic and Statistical Manual of Mental Disorders. Residental treatment covered

7. Diagnosis & treatment of ASD. Coverage must be in accordance w/ a treatment plan. Services include: behavioral therapy; RXs to the extent RXs are a covered for other conditions under policy. Direct psychiatric or psychological consultative services; PT, OT, & ST. **Currently, policy may limit the coverage for behavioral therapy to a yearly benefit of $50,000 for a child who is less than 9 yrs, $35,000 for a child who is at least 9 yrs & less than 13 yrs & $25,000 for a child who is at least 13 yrs & less than 15 yrs .** Visit limits do not apply if in accordance w/ treatment plan or not Med Necessary . Cost sharing to the same extent as other services. **Effective - 2014 the ASD benefits will not have dollar limits**

8. Extends dependent eligibility beyond attainment of limiting age if (1) incapable of self-sustaining employment by reason of mental or physical handicap, & (2) chiefly dependent upon parent for support and maintenance.

9. Coverage for injury, sickness necessary care, treatment congenital defects & birth abnormalities w/in the limits of the policy.

10. Coverage provided for MN early intervention services provided as part of an individualized family service (IFSP) plan.

11.Hearing aids considered DME. Per CID - Effective Sept. 23rd 2010 dollar limit of $1000 on hearing aid benefit removed. Coverage for the benefit may be limited to once every 24-month period.

12. Orthodontic processes & appliances for the treatment of craniofacial disorders for those age 18 or younger; must be prescribed by a craniofacial team recognized by the American Cleft-Palate-Craniofacial Association. Cosmetic surgery not covered.

13. Coverage provided for neuropsychological testing for each child diagnosed w/ cancer. To assess the extent of any cognitive or dev. delays in child due to chemotherapy or radiation treatment.

14. Coverage for general anesthesia, nursing & hospital services provided if the services are deemed med necessary by the dentist, oral surgeon & the patient's PCP & (2) Patient has a significant dental condition that it requires to be performed in a hospital, or (B) patient has a developmental disability, that places the him / her @ serious risk. These services are a medical expense & not be subj. to any limits on dental benefits under the policy.

15.If benefits are based on confinement as an I/P in a hos, the period of confinement for benefits to be payable will be at least 30 days in any cal yr. Per CID - Effective Sept. 23rd 2010 dollar limit of $500 for services rendered is removed. Med. necessity review applicable.

17. Provides coverage for RXs approved by the FDA for treatment of certain types of cancer.

18 Inherited metabolic disease" includes a disease for which newborn screening is required; and cystic fibrosis. Low protein modified food product a product formulated to have less than 1 gram of protein per serving and intended for the dietary treatment of an inherited metabolic disease under the direction of a physician. Amino acid modified preparation a product intended for the dietary treatment of an inherited metabolic disease under the direction of a physician.Specialized formula- a nutritional formula for children up to age 12 that is exempt from the general requirements for nutritional labeling under the statutory and regulatory guidelines of the federal FDA & is intended for use solely under medical supervision in the dietary management of specific diseases. Coverage provided for amino acid modified preparations & low protein modified food products for the treatment of inherited metabolic diseases if they prescribed for the therapeutic treatment of inherited metabolic diseases & are administered under the direction of a physician. Coverage shall be provided for specialized formulas when medically necessary for the treatment of a disease or condition & are administered under the direction of a physician.

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19. Coverage for MN treatment of diabetes, insulin dependent, gestational & non-insulin-using diabetes. Includes MN equipment in accordance w/ treatment plan. Diabetes equip as required by law & which can withstand. Equipment = insulin pumps, infusion devices, injection aids, monitors, blood glucose monitors for the visually impaired, data management systems Supplies=insulin, test strips urine test strips cartridges syringes.
20. Benefits provided subj to the same terms and conditions applicable to all other benefits under such policies. 10 hours of training visits upon initial diagnosis ; 4 hours training &education that is med necessary resulting from subsequent diagnosis or a significant chg in the ind 's symptoms; (3) 4 hrs training & education that is med necessary due the dev of new techniques & treatment for diabetes .
21.Annual lab & diagnostic tests, including PSA tests; to screen for prostate cancer for symptomatic men &/or whose biological father or brother have been diagnosed w/ prostate cancer; & for all men age 50 and over.
22. Addl. treatment if recommended by: a board-certified rheumatologist, infectious disease specialist or neurologist licensed in accordance w/ CT law;
23. Pain- a sensation in which a person experiences severe discomfort, distress or suffering due to provocation of sensory nerves, & Pain management specialist- a physician who is credentialed by the American Academy of Pain Management or is a board-certified anesthesiologist, neurologist, oncologist or radiation oncologist with additional training in pain management.
24. Includes collection devices, irrigation equipment and supplies, and skin barriers and protectors., Ostomy includes colostomy, ileostomy and urostomy.
25. In accordance with the recommendations established by the American College of Gastroenterology, based on age, family history & frequency provided in the recommendations.
26 Administered under the direction of a physician.
27. HHC –in lieu of hospitalization unless terminally with a prognosis of 6 months or less to live, Provides nursing and other therapeutic services
28 Coverage for stepchildren. Continuation of benefits under group plans. Ins. Commissioner's authority to coordinate benefits
29. Medically necessary ambulance services to a hospital for covered persons.
30. Shall provide benefits for isolation care & emergency services provided by the state's mobile field hospital.
31.Coverage will not be denied for health care services rendered to treat any injury sustained by any person when injury is alleged to have occurred circumstances in which (1) such person has an elevated blood alcohol content, or (2) such person has sustained such injury while under the influence of intoxicating liquor or any drug or both. Elevated blood alcohol content - a ratio of alcohol in the blood of such person that is eight-hundredths of 1% or more of alcohol, by weight.
32. (1) baseline mammogram for any woman who is 35 to 39 yrs of age, inclusive; (2) a mammogram per year for woman who is 40 yrs of age or older. Provide additional benefits for comprehensive ultrasound screening of breasts if dense breast tissue or if a woman is at risk for breast due to family history or prior personal history of breast cancer, positive genetic testing or other.
33 Shall provide coverage of a min of 48 hours of inpatient care for a mother & newborn infant following a vaginal delivery and a min of 96 hours of inpatient care for a mother and newborn infant following a caesarean
34. Coverage for at least 48 hours of inpatient care following a mastectomy or lymph node dissection, and longer if recommended by the patient's physician after conferring with the patient. No such insurance policy may require mastectomy surgery or lymph node dissection to be performed on an outpatient basis. Outpatient surgery or shorter inpatient care is allowable if the patient's physician recommends outpatient surgery or shorter inpatient care after conferring with the patient
35 Each policy that provides coverage for outpatient RXs approved by the federal FDA shall not exclude coverage for prescription contraceptive methods approved by the federal FDA.
37. Periodic review of a child's physical & emotional health from birth through 6 years of age by or under the supervision of a physician. Such review shall include a medical history, complete physical examination, developmental assessment, anticipatory guidance, appropriate immunizations and lab tests. Provide for preventive pediatric care for any child covered by the policy @ approx. the following age intervals: Every 2 months from birth to 6 months of age, every 3 months from 9 to 18 months of age and annually from 2- 6 years of age. shall also provide coverage for blood lead screening and risk assessments ordered by a PCP.
38 shall provide coverage for the med necessary expenses of the diagnosis & treatment of infertility, including, but not limited to, ovulation induction, intrauterine insemination, in-vitro fertilization, uterine embryo lavage, embryo transfer, gamete intra-fallopian transfer, zygote intra-fallopian transfer & low tubal ovum transfer.
39. shall allow the spouse of any employee participating in such or any other group insurance plan offered by the same employer to be covered as an employee in addition to being covered as a dependent of such participating employee, except that benefits provided under such combined coverage of the employee as an employee and as a dependent shall not be in excess of 100% of the charge for the covered expense or service.

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40. shall provide coverage under such policies for treatment of leukemia, including outpatient chemotherapy, reconstructive surgery, cost of any nondental prosthesis, including any maxillo-facial prosthesis used to replace anatomic structures lost during treatment for head and neck tumors or additional appliances essential for the support of such prosthesis, outpatient chemotherapy following surgical procedures.

41-43 Cancer clinical trial -an organized, systematic, scientific study of therapies, tests or other clinical interventions for purposes of treatment or therapeutic intervention for the prevention of cancer.

In order to be eligible for coverage of routine patient care costs, as defined in section 38a-542d, a cancer clinical trial shall be conducted under the auspices of an independent peer-reviewed protocol that has been reviewed and approved by: (1) One of the National Institutes of Health

44. Coverage for medically necessary services incurred for a cancer clinical trial that would otherwise be covered regardless of the cancer clinical trial – Services include physician services, diagnostic & lab tests & hospitalization provided during the course of treatment. Hospitalization will include treatment at an OON facility if such treatment is not available in-network.

45 Eligibility Rule - No group which employs less than 20 employees & provides group hospital, surgical or medical ins. for its employees may reduce the coverage provided solely because he has reached age 65 & and is eligible for Medicare benefits except to the extent such coverage is provided by Medicare.

46.Carrier Rule - To assure continuation of coverage & extension of benefits each group policy, regardless of the # of insureds, shall, give credit for the satisfaction or partial satisfaction of the deductible, coinsurance or waiting period or similar provisions under a prior plan providing similar benefits.

47. Eligibility Rule Coverage for a child legally placed for adoption w/ an employee prospective adoptive parent, even though the adoption has not been finalized, provided the child lives in the household of such employee or member and the child is dependent upon such employee or member for support and maintenance. Coverage for a child legally placed for adoption shall consist of coverage for injury & sickness including necessary care and treatment of medically diagnosed congenital defects & birth abnormalities w/in the limits of the policy

48. A contract can not require any person covered under such contract to obtain prescription drugs from a mail order pharmacy as a condition of obtaining benefits for such drugs.

49 Carrier not permitted to charge copayments in excess of dollar amount listed statute.